

Pillar 2 Testing Capacity - Comms updates & FAQs Regional teams and stakeholders – 23 September

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1. Key Headlines

- The National Testing Programme continues to experience exceptionally high demand; our channel capacity bookings total captured at 0800hrs today (23 September) was at 90% (including regional and local test sites, and mobile test units).
- This document includes updates on the core script on testing; messaging from the Health Secretary and Chair of NHS Test and Trace; and new FAQs.
- Tomorrow, (24 September) sees the launch of the NHS Test and Trace app – please encourage your teams and key stakeholders to download the app.

2. Testing core script

Key facts on testing capacity

- Estimated daily pillar 1 & 2 testing capacity: **257,377** (daily reported on 21 Sept)
- Actual weekly pillar 1 & 2 testing capacity: **1,612,543** (total figure over the week of 3 - 9 September)
- Increase in capacity for pillar 1 & 2 on the previous week: **2%**.

Tests processed

Pillar 1 & 2 tests processed: **219,723** (daily figure, reported on 21 September)

This includes:

- **55,398** PCR swab tests through NHS labs (Pillar 1)
- **164,325** PCR swab tests through lighthouse labs (Pillar 2)
- **994** Antibody tests (Pillar 3)
- **26,382** Antibody and PCR swab tests as part of surveillance studies (Pillar 4)

Total number of tests processed for P1 & 2: **18,708,484** (cumulative figure, reported on 21 September)

Contact tracing

- Proportion of people, who tested positive and were transferred to the contact tracing system, who were reached and asked to provide information about their contacts - **82.6%** (during the week 3 - 9 September)

- Proportion of all contacts reached and told to self-isolate (where contact details were given) - **83.9%** (*during the week 3 - 9 September*)
- Total number reached by the service since launch (those testing positive and their contacts) - **417,296**
- Total proportion of all contacts reached and told to self-isolate since launch (where contact details were provided) - **86.6%**

Top Lines on Test and Trace

NHS Test and Trace is providing tests at an unprecedented scale – 225,000 a day on average over the last week – with the vast majority of people getting tested within 6 miles of their home.

But there has been a spike in demand in recent weeks. The message is clear – only people with symptoms should be requesting a test.

We are working around the clock to make sure everyone who needs a test can get one, including by bringing in new labs that can process tens of thousands of tests a day, opening new test sites, and trialling new rapid tests that will give results on the spot.

Everyone has a part to play - you can protect yourself, loved ones and the public by washing your hands, wearing a face covering in enclosed spaces, practicing social distancing and self-isolating if you may have come into contact with this virus.”

Demand

The figures show we have seen a significant increase in the demand for tests. Test and Trace data shows that between mid-June and the end of August the number of people getting tested for the first time rose by 63%.

And we have seen demand for testing increase significantly again in September. As the Health Secretary has said – this is one reason why we’ve been building capacity over the summer.

Capacity

NHS Test and Trace is the largest diagnostic network in British history. It is growing all the time, and currently includes five major laboratories, 258 mobile testing units and 105 walk-through testing sites.

We are doing more testing per head than almost any other major nation. Our daily testing capacity is now at a record high - 257,377 - and it continues to grow.

Over 20 million tests have been carried out so far, and there is capacity to test over a million people every week.

And we are expanding capacity further to meet our testing capacity target of 500,000 tests a day by the end of October.

We are targeting testing capacity at the areas that need it most, including those where there is an outbreak, and prioritising at-risk groups.

Expanding capacity: Labs and Technology

Our laboratories are processing more than a million tests a week and we recently announced new facilities and technology to process results even faster.

We have announced that new Lighthouse labs in Newcastle, Bracknell, Newport and Charnwood will join the growing network of testing facilities.

We also recently announced £500 million for next generation technology to pilot new rapid tests to give results on the spot, saliva tests, and repeat population testing.

Booking tests

New booking slots and home testing kits are made available daily for people with symptoms. Slots are made available the evening before for morning appointments, and on the morning for afternoon appointments.

When there's high demand for home testing we pause the booking portal to ensure a steady flow into laboratories.

Appointments are required at regional testing sites and mobile testing units. Walk-ins are available at some sites but those with appointments will be prioritised.

We have improved the system for allocating regional testing slots to ensure the distance limit does not exceed 75 miles. The average distance travelled to a test site is now just 5.8 miles - down from 6.4 miles last week.

We are increasing the number of testing sites to make it easier for members of the public to get a test - with 500 sites available by the end of October.

Eligibility for testing

Based on internal test and trace research we have estimated approximately 25 per cent of people booking a test are not eligible.

Our message is simple: If you have symptoms, you must get a test, but if you don't have symptoms, you shouldn't be coming forward for a test.

We all need to play our part to protect the NHS Test and Trace service for those who really need it.

As Dido Harding has said: "For those who don't have symptoms or haven't been told they must have a test, we would please ask you to reconsider as it might be taking a test away from someone who really needs it."

If you're not eligible to get a test you can continue to protect yourself if you wash your hands, wear a face covering and follow social distancing rules.

Contact tracing

Every week we consistently reach the majority of people testing positive and their contacts.

We have reached almost 420,000 people who may be at risk of unknowingly passing on the virus, helping to curb its spread.

We have dedicated contact tracers working with local authorities across England to identify and reach contacts in communities with high prevalence of the virus.

Every day local authorities get test, case and contact tracing data, with further data shared with local Directors of Public Health, to help control and manage outbreaks in their area.

Explainer on Pillars

Pillar 1: PCR swab testing in PHE labs and NHS hospitals for those with a clinical need, for health and care workers, and to help manage outbreaks - including in care homes. Tests are conducted in hospitals and outbreak locations. P1 capacity is made up of NHS and PHE labs across the devolved administrations. Each devolved administration is responsible for the utilisation of their testing capacity.

Pillar 2: PCR swab testing for the wider population administered by commercial partners across the UK. Tests are provided through regional testing sites, mobile testing units, surveillance sites and home testing kits and are processed at Lighthouse labs.

Pillar 3: Antibody testing administered by PHE. These are serology tests to show if people have antibodies from having had COVID-19.

Pillar 4: PCR swab testing for large-scale surveillance studies on the spread of COVID-19. Tests are administered by PHE and commercial partners.

3. Messaging on when to get tested

To stop the spread of the virus remember Hands. Face. Space: wash your hands regularly, use a face covering when social distancing is not possible and try to keep your distance from those not in your household.

There is now very high demand for coronavirus tests and it is vital we test people with symptoms to help stop the spread of the virus.

If you have covid symptoms, you must get a test.

If you don't have symptoms, don't get a test.

We all need to play our part to protect the NHS Test and Trace service for those who really need it.

A recent survey at testing sites found a quarter of people turning up did not have symptoms. If you don't have coronavirus symptoms, and have not been advised to take a test by a doctor or a public health professional or by your local council, you should not be booking a test.

If you have any coronavirus symptoms you must isolate immediately for 10 days (don't wait for a test or a test result before doing so)

If you are identified as a contact of a positive case you must isolate for the full 14 days (even if for some reason you got a negative test during that period)

You should NOT get tested:

If you have returned from abroad or are about to travel, you are returning to the workplace, you have been in contact with a confirmed case or if another member of your household has symptoms. You may be advised to isolate if you have been in contact with a confirmed case but you should only get a test if you have symptoms.

By following these simple rules, we can ensure people who need a test can get one.

When to get a test or not:

- Only get a test if you have coronavirus symptoms or have been asked to get tested by a doctor or a public health professional or by your local council. The main symptoms of coronavirus are **a high temperature, a new, continuous cough and a loss or change to your sense of smell or taste**. Most people with coronavirus have at least one of these symptoms.
- Do not use this service to get a test in order to travel to another country. We do not provide certificates for travel purposes. You can pay for a private test.
- If your employer, school, or travel company has asked for evidence of a negative coronavirus test result, we are unable to provide this service. You should only get tested if you have symptoms.
- If someone in your household starts to have symptoms, then they must get tested and the rest of your household should self-isolate with them whilst they wait for the results. If you or other members of the household don't have symptoms, then you should not get a test – only people with symptoms should get tested. Most people who are tested in person get their results the next day. [Full guidance on self-isolation is available on gov.uk](#).
- If you have been in close contact with someone who has coronavirus you should not get tested unless you have coronavirus symptoms. A negative test result does not change the period of time that you will be required to self-isolate.
- If you have been abroad and are quarantining, you should not get tested unless you have coronavirus symptoms. A negative test result does not change the period of time that you will be required to quarantine.
- Do not stockpile tests. If you develop symptoms in future you will be able to book a test. There is no need to order a test in case of future use.
- If you have symptoms and need to book a test, you can do this online or by ringing 119. Do not call 111 which is an urgent care service and cannot help with tests.

For organisations and employers:

- **Schools:** please follow the official [guidance on testing](#). It is very important that this guidance is followed. Schools should not advise pupils or teachers to take a test unless they exhibit one or more of the listed symptoms. If there is a confirmed case then schools should not advise entire classes or year groups to get tested. Only those with symptoms or those advised by their clinician or Local Authority should get a test. Schools must not require students without symptoms to provide evidence of a negative test before letting them back to school.
- **Employers:** you should not be asking members of staff to get tested before they come into the workplace. You can also help by communicating the guidance around testing to your staff.

· **Travel companies:** you should not be directing clients to NHS Test and Trace to get a test for anything related to overseas travel.

4. Latest messaging from the Health Sec; and Chair of NHS Test & Trace Baroness Dido Harding

Health Secretary Oral Statement: Monday 21 September

Testing prioritisation

We are doing more testing per head than almost any other major nation.

Our daily testing capacity is now at a record high - 257,377 - and it continues to grow.

And on Thursday, we announced that two new Lighthouse Labs will be set up in Newcastle, and Bracknell, increasing capacity further.

But as the House knows, alongside this record expansion, demand has gone up too.

And so we need to prioritise the tests for those who need them most.

To save lives, protect the most vulnerable and make sure our health and care services, and our schools, can operate safely.

Today we have published our list of where tests are being prioritised, setting out how we will make sure tests are allocated where they are needed most.

First, to support acute clinical care.

Second, to support and protect people in care homes.

Third, NHS staff, including GPs and pharmacists.

Fourth, targeted testing for outbreak management and surveillance studies.

Fifth, testing for teaching staff with symptoms, so we can keep schools and classes open.

And then the general public when they have symptoms, prioritising those in areas of high incidence.

And I want to reinforce this important point.

The system relies on people coming forward for tests if - and only if - they have symptoms of coronavirus or have been specifically advised to by a health professional.

The testing capacity we have is valuable. And we must, together, prioritise it for the people who need it the most.

Dido Harding T&T PN quote: Thursday 17 September

We are working tirelessly to boost testing capacity so that everyone who needs a test can get one. Each day, around 200,000 people are successfully booking and taking tests and we are growing our

capacity to 500,000 tests across the UK by the end of October, with more and more capacity being added each week.

I cannot stress enough how important it is that only those with symptoms book tests. The service is there for those experiencing a high temperature, new continuous cough or loss or change in sense of taste or smell.

If you don't have symptoms but think, or have been told by NHS Test and Trace, that you have been in contact with someone with the virus, please stay at home but do not book a test. We need everyone to help make sure that tests are there for people with symptoms who need them.

Health Secretary UQ: Tuesday 15 September

Testing also has a vital part to play. Everyone in this House knows that we are doing more testing per head of population than almost any other major nation, and I can tell the House that we have now carried out over 20 million tests for coronavirus in this country.

As we expand capacity further, we are working round the clock to make sure that everyone who needs a test can get a test.

The vast majority of people who use our testing service get a test that is close to home, and the average distance travelled to a test site is now just 5.8 miles —down from 6.4 miles last week; but the whole House knows that there are operational challenges, and we are working hard to fix them.

We have seen a sharp rise in people coming forward for a test, including those who are not eligible. Throughout this pandemic, we have prioritised testing according to need. Over the summer when demand was low, we were able to meet all requirements for testing, whether priorities or not, but as demand has risen we are having to prioritise once again. I do not shirk from decisions about prioritisation. They are not always comfortable, but they are important.

The top priority is, and always has been, acute clinical care. The next priority is social care, where we are now sending over 100,000 tests a day, because we have all seen the risks this virus poses in care homes. We will set out in full an updated prioritisation, and I do not rule out further steps to ensure our tests are used according to those priorities. It is a choice that we must make.

5. Frequently asked questions

TOP Q&A – issued 23 September

Do you accept that the testing system is a shambles?

No. NHS Test and Trace is providing tests at an unprecedented scale – 225,000 a day on average over the last week – with the vast majority of people getting tested within 6 miles of their home.

But there has been a spike in demand in recent weeks. The message is clear – only people with symptoms should be requesting a test.

We're doing everything possible to overcome this challenge – including by bringing in new labs that can process tens of thousands of tests a day, opening new test sites, and trialling new rapid tests that will give results on the spot.

As we expand capacity further we will continue to work around the clock to make sure that everyone who needs a test can get one.

Do you accept that people who need tests can't get them?

We are working around the clock to make sure that everyone who needs a test can get one.

New booking slots and home testing kits are made available daily for people with symptoms.

The average distance travelled to a test site is now just 5.8 miles - down from 6.4 miles last week, and we're increasing the number of testing sites to make it easier for members of the public to get a test - with 500 sites due to be available by the end of October.

Our message is simple: If you have symptoms, you must get a test, but if you don't have symptoms, you shouldn't be coming forward for a test.

Do you accept there's a backlog of tests? How bad is it?

There is high demand for tests and our laboratories continue to turn test results around as quickly as possible.

As the Health Secretary has said, the backlog is falling and is less than one day's processing capacity.

We have announced that new Lighthouse labs in Newcastle, Bracknell, Newport and Charnwood will join the growing network of testing facilities.

We are also increasing the number of testing sites to 500, and have announced £500 million to pilot new tests to further boost capacity.

Is it true tests aren't available in coronavirus hotspots?

It is wrong to say testing is not available in these areas – our capacity continues to be targeted where it is needed most.

New booking slots and home testing kits are made available daily for people with symptoms. Mobile Testing Units continue to be deployed to areas with local outbreaks.

Q) The PM admitted you don't have enough tests, what are you doing to address this?

There is no reduction in testing capacity. We are testing people on an unprecedented scale and more than other European countries.

Our capacity is the highest it has ever been, but we are seeing significant demand for tests and are working hard to fix the operational challenges.

Over a million tests are being processed every week – with around 225,000 every day on average over the last week.

We are rapidly expanding testing capacity in the coming weeks, as well as bringing in new technology to process tests faster.

Q) Is it true that Randox is prioritising testing Premiership Rugby players and travellers to Dubai while failing to meet government targets for the public?

From the start of the pandemic, we have prioritised groups that are most vulnerable such as patients in clinical settings and care home residents, as well as vital health and care staff

We use testing to support the management of outbreaks to reduce the risk of spread and increase our chances of finding positive cases, as well as surveillance and research, to understand more about the virus and find new potential treatments.

We offer testing to the general public where they have symptoms, and prioritise those in high positivity areas

Q) The PM said you are buying laboratory space for testing in other countries, where have you done this?

The public expects us to do everything we can to respond to this pandemic, including working with public and private sector partners.

We are using additional lab capacity so we can process more tests – these are in both the UK and abroad.

These organisations are providing the skills and expertise we need to contain the spread of the virus and save lives.

If needed: The labs used abroad are in Germany and Italy.

Q) How exactly are you going to increase capacity to 500,000?

Our aim is to *reach 500,000 per day testing capacity by the end of October.*

We've been building capacity throughout the summer.

We are automating parts of the process, installing new machines, hiring more permanent staff, opening new labs and investing in new technology to process results faster.

And we've recently announced pilots for new types of tests and are exploring other technologies, such as the DNA 'Nudgebox' machines and new rapid LamPORE tests.

Q) Does the 500,000 target include antigen and antibody testing?

That target is purely for PCR swab testing [antigen].

Q) How can schools stay open if students and teachers can't get tests?

As Baroness Harding set out, we are working to prioritise teachers for testing. And we have introduced a new dedicated advice service available to advise nurseries, schools and colleges with confirmed cases

A team of advisors will inform education settings what action is required in response to a positive case based on the latest public health advice, and work through a risk assessment to identify close contacts.

All schools in England have also been provided with a small number of home testing kits to be offered in the exceptional circumstance that a school believes a pupil or importantly, a staff member who is experiencing coronavirus symptoms will not be able to access a test by another route.

Q) How will key workers be able to do their job if they are off every time their child has a temperature and they cannot get tested?

Since the start of the pandemic, frontline NHS and social care staff have been a priority. NHS Test and Trace is providing tests at an unprecedented scale – 225,000 a day on average over the last week.

We are seeing a spike in demand for testing overall, and we're doing everything possible to overcome this challenge

This includes bringing in new labs that can process tens of thousands of tests a day, opening new test sites, and trialling new rapid tests that will give results on the spot.

Q) What does prioritisation actually mean and how will it work?

From the start of the pandemic, we have prioritised groups that are most vulnerable such as patients in clinical settings and care home residents

We have published our list of where tests are being prioritised, setting out how we will make sure tests are allocated where they are needed most.

First, to support acute clinical care; second, to support and protect people in care homes; third, NHS staff, including GPs and pharmacists; fourth, targeted testing for outbreak management and surveillance studies; fifth, testing for teaching staff with symptoms, so we can keep schools and classes open; and then the general public when they have symptoms, prioritising those in areas of high incidence.

We are working to ensure that each group outlined in our priorities has a designated route to receiving tests, with capacity allocated for each priority.

Q) Is it true care homes are facing delays in getting tests?

Every day we make sure care homes across the country receive 100,000 test kits with the vast majority reporting no problems. Alongside this we are providing every care home with free PPE until the end of March, ring-fencing £1.1 billion to prevent infections and making a further £3.7bn available to councils to address pressures caused by the pandemic – including in adult social care.

There continues to be a significant demand for tests, including from those without symptoms, so we are expanding capacity rapidly as well as bringing in new technology to process tests faster and will continue to work around the clock to process results as soon as possible.

Q) How quickly are you turning tests around?

We've rapidly expanded our testing capability and turnaround times have significantly improved over the last few months.

While we are seeing significant demand for tests, the vast majority of results taken in person at drive through, walk through and mobile testing units are still delivered the day after the test was taken.

About 65% of in-person test results were received the day after the test was taken, and we plan to rapidly expand capacity in the coming weeks.

Q) Why is the number of people getting test results in 24 hours going down?

We have been processing on average 225,000 swab tests a day across the UK over the past week – capacity is at a record level.

A decision was made to prioritise meeting increased demand and processing more tests, which has resulted in small delays as we use capacity at labs.

But in the majority of cases, in-person tests taken at regional test sites, walk through test sites and mobile testing units are being returned the day after the test was taken (64.7% of in-person test results). We are working hard to increase this turnaround time.

Q) So have you ditched the 24-hour target?

No. We are committed to turning round tests as quickly as possible.

We've rapidly expanded our testing capability and turnaround times have improved over the last few months.

While there are currently some small delays due to operational issues, the vast majority of results for tests taken in person at drive through, walk through and mobile testing units are still delivered the day after the test was taken (64.7% of in-person test results). We are working to increase this turnaround time.

Q) Why did you announce new labs if they won't come on stream until after October?

We have confirmed that new Lighthouse labs will be opened in Newcastle, Bracknell, Newport and Charnwood – these will help scale up testing capacity to deliver 500,000 tests per day by the end of October.

The labs come on top of ongoing work to build capacity at existing Lighthouse and partner lab facilities. We're recruiting hundreds of additional staff and new technology to boost the number of tests processed.

Surge laboratories will continue to maximise testing as demand rises.

Q) How can you possibly say that you couldn't see the rise in the demand for testing coming?

We are testing people at an unprecedented scale - more than other European countries and have been building capacity over the summer.

Our capacity is the highest it has ever been, but we are seeing significant demand for tests. Over a million tests are being processed every week – with around 225,000 every day on average the last week.

We are targeting testing capacity at the areas that need it most, including those where there is an outbreak, and prioritising at-risk groups. And new booking slots and home testing kits are made available daily for people with symptoms.

We are rapidly expanding testing capacity in the coming weeks, as well as bringing in new technology to process tests faster.

6. NHS COVID-19 App to launch to the nation on Thursday (24th)

Everyone you love is on your phone, now so is the app that helps protect them. That's the strapline to launch the NHS COVID-19 app across England and Wales [on Thursday 24th](#).

This is a reminder to get ready to download the app to help protect yourself and your loved ones by having an extra tool in your armoury against COVID-19.

[Watch](#) an introduction to the app by Managing Director Simon Thompson including a short demo. This video marked the launch of an [initial trial phase](#) with our friends on the Isle of Wight, the NHS Volunteer Responder network, and citizens in the London Borough of Newham.

Why the NHS COVID-19 app?

The app is a tool to support our purpose of breaking the chains of COVID-19 transmission, help protect our health and care systems, and support people return to a more normal way of life.

It acts as a pocket friend to equip you with the latest COVID-19 guidance, check your symptoms, book a test, and advise you of your local risk level. And, it helps us – the NHS Test and Trace service, Public Health England, Government and other stakeholders - to understand how and where the virus is moving, so we can take the necessary measures to contain and enable action, alongside our current contact tracing and containment measures. The NHS COVID-19 app tracks the spread of the virus, *not* individuals.

What are the benefits?

The NHS COVID-19 app has six key features:

1. **Trace** – alerts the individual if they were in close contact with a confirmed case
2. **Alert** – provides the individual with the risk level associated with coronavirus (Covid-19) in their local area, based on the postcode district they enter
3. **Check in** - allows the individual to check in to locations via the App and official NHS QR codes
4. **Symptoms** – allows the individual to check symptoms against government guidance and to get advice
5. **Test** – allows the individual to order a free test and to receive results and advice via the App
6. **Isolate** – provides an isolation 'companion', which counts down how many days they have left to isolate and provides links to useful advice

Find out more [here](#).

